

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	6/21
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		24477	8-7-60
RESPONSE FORMALITY REVIEW			

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**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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**INDEX OF CLAIMS**

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CLAIM	DATE
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CLAIM	DATE
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